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H. E. T. MANNING, M. D., T. A. ASHBY, M. D.

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MARYLAND MEDICAL JOURNAL.

VOL. I.

BALTIMORE, JUNE, 1877.

No. 2.

ORIGINAL PAPERS.

NOTES ON PNEUMONIA, WITH CASES.

BY S. C. CHEW, M. D., PROFESSOR OF THERAPEUTICS AND CLINICAL
MEDICINE IN THE UNIVERSITY OF MARYLAND.

No subject in the whole range of Clinical Medicine is of greater interest than the study of Pneumonia, whether it be regarded from the point of view of medical history, or on the other hand as illustrating important pathological and therapeutic processes.

In the former aspect it has been the arena upon which various and opposing theories of the nature of inflammation and of the mode of treating it, have been contended for. Nor is it difficult to understand why this conflict has thus centred around pneumonia, when we consider the frequency and the gravity of the malady and the urgent need that has been felt, of relieving it as soon as possible. It is a disease constantly encountered, often great in extent, and involving a vital organ, so that whatever therapeutic observation has to suggest in the treatment of inflammation, here if anywhere the trial must be made. Regarded in another aspect pneumonia may be taken as a type of those diseases which tend to run a definite course marked in general by an open onset, a period of gradual development, a crisis and a decline. In its course may be seen as distinctly as in any other malady the working of that principle of the *vis medicatrix* which has been so much misunderstood and so much abused both by being unduly interfered with and unwarrantably trusted to. The failure to appreciate this principle has led in multitudes of cases to a perturbative treatment often worse than none at all; and on

the other hand a blind confidence in it has been the error of a school which, undervaluing medicine at first, has ended in utter skepticism as to its power and usefulness. And very facile is the descent to this state; disbelief being always so much easier than the mental effort involved in the faithful weighing of evidence.

This *vis medicatrix* may in fact be regarded as a continual tendency to return from the perverted nutrition of disease to the normal nutrition of health. Perhaps, though the point should not be pressed beyond the suggestion of an analogy, it may illustrate on a small scale, and within the narrow bounds of one organism, or still narrower, of a single organ, the principle which as seen working over a wider area is known as evolution. We may term it adaptation to environment when the healthy lung takes on an increased and vicarious action to supply what is wanting in the function of its fellow; or a struggle in which the fittest survives, when exudation matter is absorbed, and the proper structure of the lung remains and is restored to its integrity. The more perfect and highly organized tissue abides; the less perfect disappears.

There is this difference however between evolution as witnessed here and as seen in its wider sphere of action, that the processes observed in pneumonia are rapid in their course and are not accomplished by successive and minute changes. Indeed there is something almost mysterious in the suddenness with which a patient often passes from the urgent dyspnoea of early pneumonia to the comparative ease of a somewhat later stage; the physical cause of the dyspnoea, which is the congestion or exudation, being often even greater in amount at the time when less distress is experienced. And again the same sort of surprise cannot but be felt at the extreme rapidity with which the exudation will be removed, melting away as it were, and the lung clear up and resume its function after the crisis of the malady is passed.

Here as in every other case evolution becomes more intelligible if it be regarded as a *modus operandi*, a plan by which design works.

Explain it as we may, the principle of the *vis medicatrix* im-

plies a tendency, not in the disease, for disease is no substantive thing, but on the part of the organism, to revert to the normal standard of health. This tendency may be aided; obstructions to its play may be removed; and he is the wisest physician whose practice acts with it and upon it, and who abstains from such disturbing measures as are likely to impede it.

Now between these two aspects in which pneumonia may be regarded, the one as illustrating the variations of medical opinion, the other as exhibiting in a most striking manner the conservative working of nature, a very direct connection may be seen to exist.

For it is just because the disease tends to run a definite course that modes of treatment widely different in character alike issue in recovery. Whatever the system of treatment be, provided it is not such as to interfere too greatly with the successive order of events which constitutes the definite course, sooner or later, sometimes aided by the treatment and sometimes in spite of it, the disease may terminate in the regularity and harmony of health. But it would be a hasty and unfair conclusion to infer that because diverse methods are followed by recovery, therefore one plan of treatment is as useful or as useless as another.

Though cases differently treated may ultimately be restored to health, yet the results are not the same, if one patient under proper management makes a prompt and perfect recovery; and another, through careless and inefficient practice advances "with wandering steps and slow," and at last only through much tribulation enters upon convalescence.

What then are the measures which may fairly be regarded as giving aid to nature, or as directly curative in the treatment of pneumonia?

In the first place, attention to hygienic influences and to the proper physiological action of the various organs is of prime importance.

2nd. Only such food as is adapted to the enfeebled digestion of the patient should be allowed, and yet a sufficiency of this must be secured in view of the debilitating nature of the disease and the tax upon the patient's strength.

3rd. The depurative action of the skin and kidneys must be maintained, for the rapid retrograde metamorphosis of tissue loads the blood with abundant effete products which seek elimination by these channels.

4th. The depressing effect of pain is to be guarded against by the timely use of opium; which however must never be so used as to cause any degree of narcotism, and thus interfere with oxygenation of the blood, which is already impaired by the disease itself.

5th. The refreshment of sleep must be secured to the worn nervous system; and for this purpose the value of chloral-hydrate is often indisputable.

6th. Sedulous attention must be given to the heart: if its action be weak as shown by the pulse and by the lessened tonicity of the first sound, it must be fortified by alcohol or digitalis; if on the other hand the right chambers have in the early stage become distended from the rapid engorgement of the lung, it may even be advisable to diminish the strain mechanically by the abstraction of blood; a procedure which though not often required, does certainly in some cases give sensible relief. Every one knows how much this subject of bloodletting in pneumonia has been discussed; how in former days it was a frightfully abused measure; and how from time to time efforts have been made in late years to reinstate it. The success attending these efforts has been small, and justly so; for it is very seldom required; it probably never aborts a pneumonia, and when it does good, it is upon the simple mechanical principle referred to.

Such are some of the most important measures by which nature may be aided; and if the needs mentioned are met as they occur, the patient will recover more perfectly and more quickly than he would if left to her unaided power. In watching for such needs and applying the appropriate remedies, the highest therapeutic skill in large measure consists; that skill "which looks before and after;" which detects the first evidence of disturbance elsewhere than in the organ primarily affected; and is prepared to meet it. For in no case is the aphorism more true in a literal sense, that "if one member suffer, all the members suffer with it," than it is

in pneumonia. In this connection an earnest caution may be given in this day of undue tendency to specialism to those younger physicians who at the outset of their careers propose to confine their practice to diseases of the chest. No one can be competent to treat maladies of the central organs of circulation and respiration who has not trained himself for this special work through years of observation and study in general pathology and general therapeutics.

Morgagni found it a less difficult matter to cure diseases of the lungs than to ascertain their existence;* but since the discovery of auscultation the relative difficulty of these two tasks is changed, and through great skill in auscultatory diagnosis is not easily obtained, it is easier than the knowledge how best to treat what the ear discovers.

All these different measures may need to be practiced in managing pneumonia aright; and to do these things is to do much; but yet we may often do much more than merely meet emergencies as they arise, and thus guide the disease along its perilous way.

Of the strictly curative means to be used in pneumonia perhaps the most important is the proper administration of quinia. Clinical observations make it probably a very high degree that if in the very earliest formative period of the disease, a full dose of from 10 to 20 grains of sulphate of quinia be given by the mouth, or under certain circumstances an equivalent amount of hydrobromate by hypodermic injection; the pneumonia may be aborted at the outset.

For its good effects to be most obvious it must be given very early, when the crepitant râle denotes engorgement, and before exudation has occurred; or still better, if the case be seen early enough, when with the general symptoms of an impending pneumonia, the practised ear detects the harsh, puerile respiration which sometimes precedes fine crepitation, indicating, as held by Dr. Stokes, the very earliest stage of dryness and arterial injection.

We may not speak too positively of this strictly curative action

* *Quam difficile est morbos pulmonum curare; quanto difficilius eosdem cognoscere.*

of quinia; but it is rendered antecedently probable by some of the remarkable properties of the drug. And first, its proven antipyretic action may be thus distinctly curative; for there is certainly a direct connection in some way between a rise of temperature and the extension of the disease; so that it is fairly supposable that an agent having the power to restrain the temperature may also check the extension; and this may be effected in the very incipency of the attack. Again, the power which quinia has been shown to have of checking the amœboid movements of the white corpuscles and the proliferation of cells, would seem to explain further its beneficial action at the outset of pneumonia.

Prof. Bartholow in his excellent work on Therapeutics expresses a very decided opinion on this point: "Administered at the critical moment" he says, "a commencing fibrinous pneumonia, a pleuritis, an endocarditis, may be suppressed by a full dose (fifteen to twenty grains) of quinia." But while thus receiving the sanction of recent authority based upon the furthest advances that have been made in our knowledge of this drug, its use in this way is by no means new; for it was employed long before any special observations upon its antipyretic action or its influence on the cellular elements had been made. No doubt, in many cases the beneficial effects of quinia have been referred to a malarial complication supposed to exist, when in reality its action has been of a wholly different character.

Briquet in his great work on the Therapeutic uses of Quinia published more than twenty years ago, expresses his own disbelief in its efficacy against any inflammatory affections except such as are complicated with malarial disease; and he specifically denies its possession of a property which recent observation has abundantly proved; "*quand la raison de la fièvre*" he remarks, "*est une véritable phlegmasie, celle-ci (i. e. the quinia) ne peut plus ni ralentir le pouls, ni diminuer la force de ses pulsations, ni faire baisser la température du corps.*" But in the same connection he states that the Italian physicians Rasori, Tommassini and their followers employed quinia in numerous cases of pneumonia and other inflammations as a remedy directed against the inflamma-

tory process. A similar practice, he admits, prevailed also among many French physicians who regarded the drug as a true antiphlogistic. The very extensive use of quinia in the Southern States of this country in the treatment of pneumonia complicated with malaria would be sure to lead to its employment in which no such complication existed; and so we find that many years ago the opinion began to gain ground that the quinia was beneficial in some other way than in virtue of its antiperiodic action. Prof. Wm. T. Howard, formerly of Warrenton, N. C. and now of this city, in one of a series of papers which constitute a most valuable treatise upon Malarial Pneumonia, published as far back as 1859, and 1860, thus writes; "In certain cases of pneumonia we have often given quinine with great benefit, when no reliable evidence of a malarial element could be detected, upon the most rigid analysis of all the vital phenomena presented. We cannot admit that in these instances, the periodic fever element must have tainted the system, merely because quinine was of unmistakable service. To assume the presence of this element, in the total absence of any other proof of its existence, is simply to beg the question."*

Any amount of evidence might be still further adduced in proof of the value which has been ascribed to quinia by the ablest physicians in the treatment of pneumonia; but it has been only within the last few years that a satisfactory explanation of its mode of action in this disease has been found in its power of checking abnormally high temperature, preventing the amœboid movement of corpuscles, and restraining the proliferation of the cell elements in the inflamed part.

Aconite is another agent which may be strictly curative of pneumonia if used at a sufficiently early stage. By lessening the febrile movement and retarding respiration it relieves the lung, and its power of diminishing the heart's force and lowering arterial tension would tend to check the spread of the inflammatory process and favour the action of the skin and kidneys, thus promoting the removal of the products of inflammation. Clinical

* North Carolina Medical Journal, March 1860, page 253.

observations are numerous in confirmation of what might be expected of the drug on physiological grounds; and in doses of from one to three minims of Fleming's Tincture of the Root given every one, two or three hours according to the effect produced, it will be found to lessen dyspnoea and tensive pain, to diminish frequency of respiration and to prevent the extension of the disease.

The good that it does is often very obvious in cases to which it is suited; but it is a remedy to be used with great caution whenever an asthenic state is shown, for if the heart's tone be too much impaired, the loss of strength will interfere with the solution of the disease.

In estimating the value of any mode of treating pneumonia it must be admitted that in some cases conditions are involved which may prove fatal notwithstanding the most judicious management. Thus the very extent of the disease is a source of peril, if a large part of one lung become rapidly involved; and still more so if both lungs are affected. Or the intensity of the fever may be destructive of life, the excessive heat apparently paralyzing the heart. Or again, the occurrence of pleuritic effusion on the opposite side may render respiration impossible. These and other conditions that might be named, may put the case beyond all treatment.

The following cases of pneumonia are selected from among eighteen treated during the last four months, and they are given here not from their conformity to the usual type, but on account of their somewhat exceptional character, and to show the behaviour of the disease under some complications that may occur in its course.

CASE I. Mary B. 18 years of age, was seen first on January 10th, 1877, presenting the symptoms of hurried respiration, quick pulse, high temperature and pain in the left side, all pointing to some inflammatory thoracic disease; and the diagnosis of pneumonia was established by dulness on percussion and a diffused crepitant r le over the lower lobe of the left lung. It was ascertained that the patient was in the seventh or eighth month of pregnancy. Now pneumonia is not very common among pregnant women; but pregnancy very gravely complicates the disease.

Grisolle had seen only four cases in such subjects; he collected however the reports of eleven other cases, making with his own a series of fifteen; and of these fifteen cases eleven died, five after abortion or premature delivery, and six without abortion having taking place.

In the present case the temperature ranged at from 103° to 105° , so that the use of quinia, as an antipyretic was suggested; but there was an objection to employing it in this way under existing circumstances. It is maintained by some writers that it determines contractions of the uterus, and may thus bring on abortion. This action, it is true, has not been proved, and the very many cases in which it is given to pregnant women for malarial fever without such effect being produced, would seem to discredit the opinion. Yet the large doses of ten, fifteen or twenty grains in which it requires to be given as an antipyretic may possibly produce the effect even though the smaller doses ordinarily employed in intermittent fever might be safe; so that it is probably most prudent not to give it in large doses during pregnancy; and its use in this way was therefore withheld in this case. The patient progressed favorably and resolution of the pneumonia began with a decline of temperature. While this was going on however, she imprudently exposed herself by getting out of bed, had a chill, followed by a rise of temperature to 105° ; and on examination the upper lobe of the same lung was found to be involved in pneumonia, which spread throughout its whole extent. The abortion which the patient had escaped in the earlier period, now took place; if indeed it is to be regarded as an escape, when according to Grisolle's statistics more deaths happen in such subjects when it does not occur than when it does. Abdominal pains began which were not controlled by opium, and resulted in the premature delivery of a seven months foetus which breathed for twenty-four hours. In this relapse the patient was from the shock of the miscarriage more critically ill than she had been in the earlier part of the disease; the heart was much weakened and it was necessary to stimulate with brandy; quinine was also used as a tonic, and nourishing food administered. The newly affected lobe passed regularly through the various stages,

and the patient recovered perfectly. On describing this case to a medical friend of large professional experience, he told me of a similar one within his own knowledge in which general bleeding had been prescribed for the pneumonia and the patient had recovered without aborting; whence he seemed to infer that the present case might have gone safely to term, had bloodletting been practised. But this conclusion would not be borne out by the experience of Grisolle who with most of his contemporaries was a persistent and unfailing bleeder, so that whatever chance of life bleeding would afford to either mother or child, was given by his practice; and yet whether abortion occurred or not, the mortality which he reports in the pneumonia of pregnancy was very large.

The next case is one of pneumonia complicated with empyema, which had an unusual course.

CASE II. Charles R. aged 29 years, entered the Hospital of the University of Maryland in my service December 29th, 1876. Auscultatory examination showed well-marked dulness over the lower lobe of the left lung with bronchial breathing, together with some degree of dulness and the crepitant râle over the upper lobe. Pneumonia had no doubt commenced at the base and had involved the entire lung. Quinine in doses of ten grains controlled the temperature which had reached 105° , and twenty grains of chloral-hydrate ensured rest at night. The case progressed favorably, and in two or three days resolution was denoted by the returning crepitation; but the percussion dulness instead of diminishing with the appearance of this sign, as it should have done in the regular course of the pneumonia, remained apparently stationary for a few days, and then perceptibly increased, until the whole surface posteriorly and anteriorly yielded an almost perfectly flat sound. All respiratory sounds on that side lessened and faded away, and vocal resonance and fremitus ceased. The signs of large fluid effusion had unmistakably taken the place of those of pneumonia. But the increase of this effusion had been so gradual that the breathing was but little embarrassed, and while thoracentesis was contemplated as likely

to become necessary, it was determined to await for a time the course of events.

Then an unusual and unexpected occurrence took place. On the 10th of January 1877, thirteen days after the patients admission, he suddenly, in an effort of coughing, expectorated more than a quart of pus, which continued to be discharged in variable amounts by day and night for more than two weeks until three gallons were evacuated. The source of the pus in the pleural cavity was obvious, for the dulness lessened and the line of its level fell gradually lower and lower, while respiratory murmur became audible at first in the upper part of the chest and afterwards when the purulent flow ceased, down to its very base.

It may be somewhat difficult to explain how the opening which had certainly been made through the lung into a bronchus, could give egress to so much fluid of such consistency as pus, and yet not give ingress to air. In some way or other, possibly by a valvular form, it was barred to the access of air, for there was no sign of pneumo-thorax, and the expectorated pus showed not the least fetor. Gradually it diminished in amount until about the middle of March all expectoration ceased; respiratory murmur could then be heard over the whole chest, and the only remaining sign of the previous condition was some degree of imperfect resonance on percussion, due no doubt to thick false membranes. About the first of April the patient left the Hospital declaring himself perfectly well.

Now what was the lesson taught by this case? Does it afford an instance of the superiority of natures methods to those of art, and show that it is better to leave such a case to her unaided resources? By no means; for the spontaneous evacuation of the empyema, if it occur at all, is apt to take place either through the external parietes at a point too high up to admit of free escape of the fluid, or more rarely, as in the present case, by an opening through the lung. In either way pneumo-thorax with a consequent offensive state of the fluid, is likely to occur; and a condition so full of hazard to the lung, if it could be anticipated, ought to be prevented by drawing off the fluid through the chest wall with the aspirator.

In the New York Medical Journal for September 1876, I have pointed out the conditions which demand this operation, and reported cases in which it was resorted to with the happiest effect. The most important of these conditions are, when an effusion reaching half way up one side of the chest persists for three or four weeks, or increases in amount; and secondly, when there is much embarrassment of respiration, especially when paroxysms of dyspnoea occur.

In reference to the former of these conditions in the present case, the earlier stage of the effusion was masked to some degree by the previous existence of pneumonia; and as to the second, the respiration was at no time so embarrassed as to cause any degree of dyspnoea. At the time when the operation was contemplated, the remarkable result occurred, from which the patient seems entirely to have recovered.

A CASE OF PROGRESSIVE BULBAR PARALYSIS.

BY S. W. SELDNER, M. D. PHYSICIAN TO HEBREW HOSPITAL, BALTIMORE.

C. R. aged 23, barber, was admitted into the Hebrew Hospital on the 12th of February, but did not come under my direct care until the 1st day of March, at which time I assumed charge of the institution. The following history was obtained from him: Patient has never had any bodily infirmities that confined him to his bed, prior to the present attack, has never had any rheumatic or gouty affections; nor has he had any venereal disease, save a gonorrhoea which readily yielded to treatment.

About fourteen (14) months ago he had an attack of Angina Tonsillaris for which he was treated. The first symptoms which attracted his attention to his present complaint occurred about one year ago, at which time he was subject to severe pain in the head, occurring paroxysmally, and principally localized in the occipital region and extending from there down the spinal column to the junction formed by the cervical and dorsal vertebrae.

There was also more or less vertigo, and in addition to this the patient noticed after the lapse of a few weeks a peculiar weakness in articulating; certain letters and syllables were difficult to pronounce and when pronounced were not always intelligible to those to whom his remarks were addressed, in fact, the condition known as "Alalie" was what we had in the particular case.

It was not long before symptoms of dysphagia developed themselves, and deglutition was so much interfered with that at times the food, especially the fluid portions, would cause him to eject a portion, or it would produce suffocative symptoms of an alarming character. This was more particularly present a day prior to his death. With all this difficulty there was a remarkably good appetite, and the patient never thought of returning any of the food that had been sent him, even if it did not tickle his palate.

His sense of taste was not wholly interfered with. If Quinine was placed upon his tongue, it required an interval of about five minutes to ascertain its presence through its bitter taste; there was a continual dribbling of saliva, and during sleep this symptom annoyed him very much.

The most distressing symptom (to him) was the gradually developing weakness in his upper extremities, and more particularly the right, which was very much wasted, so much so that when he apposed the thumb to the index finger, the prominence formed by the ball of the thumb was entirely wanting; the deltoids, biceps, triceps, and pectoral muscles were atrophied so that but a few fibres remained where once these muscles existed.

Tactile sensibility and electro muscular excitability were much diminished, in fact, his upper extremities were completely anaesthetic.

A pin or needle introduced to the depth of five or six lines was not perceived, and unless he saw his hands held he was not aware that any one was holding them. Under these circumstances it is evident that the patient was so helpless that he could not use his upper extremities, even for the purpose of supplying himself with food, and in this condition he was compelled to rely on the commiseration of his faithful nurse for sustenance.

There were no symptoms referable to the organs of vision or hearing, nor was there any circulatory disturbance.

His digestion was good, and his bowels were regular. His respiratory organs, which from the physical examination failed to reveal a diseased condition, caused him considerable suffering; he would suddenly have attacks, which to use his own words, seemed to him as "if he could never breath again," and these would occur diurnally and nocturnally.

An examination of his urine for albumen and sugar gave a negative result.

In this way he continued to grow (physically) gradually less, until the 29th day of March, when he suddenly expired, after previously having partaken of a hearty meal and some brandy which a fellow sufferer had contributed.

The parents of the young man would under no consideration consent to a post mortem examination, therefore we are compelled to rely on the ante mortem investigation as to the correctness of our diagnosis. (Prof. Arnold who saw the patient in consultation, agreed with me in the diagnosis.) There is no disease with which it might be confounded, yet the similarity of some of the symptoms to those produced by other lesions should make us careful in order to trace the trouble to its proper seat.

The tottering gait might cause one to confound it with progressive locomotor ataxy, yet the patient could retain the erect posture with his eyes firmly closed, and the lancinating pains through the knees so characteristic of this malady were altogether wanting.

From Sclerosis it is distinguished through the absence of nystagmus and tremors during intended movements. In fact when the medullæ spinalis is affected, as was the case with our patient, (judging from the atrophy of the muscles,) there is always, or generally, a condition of myelitis tending to Sclerosis.

In a given case it is difficult to say which is the original affection, and some writers content themselves by giving that priority which first manifested itself, thus if the gradual wasting of the muscles was the first appreciable symptom the patient observed, independent of the gradually developing difficulty in swallowing,

they call it Progressive muscular Atrophy, and vice versa. Practically speaking, it makes little difference, for the two diseases are so intimately associated, or rather blended, that their recognition as being one or the other is a matter of small importance.

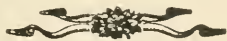
Even their pathological conditions are so nearly analagous that it is difficult at times to draw these fine distinctions, and if we believe with some of the most recent writers on this particular subject, we can content ourselves that if Progressive Bulbar Paralysis is accompanied with the symptoms of Progressive muscular Atrophy we may rest assured that pathological changes have taken place of an atrophic degenerative character in the *medullæ oblongata* and *medullæ spinalis*.

The disease being always of central origin.

In reference to treatment (so far as our literature is concerned,) it leaves much to be wished for, and from the tendency of the malady but little can be done.

The preparations of Silver, Gold, Strychnia, Phosphorus, and Zinc have each had their admirers; Bromide of Potassium has been tried and abandoned; Electricity has been extensively used, and although it does not prevent the fatal issue, yet for a time during its use the symptoms either remain stationary or temporary improvement takes place.

When the case has advanced so far that the patient is unable to swallow, it becomes necessary for us to sustain life through the introduction of food by means of the oesophageal tube.



CORRESPONDENCE.

DRY GANGRENE.

RINGWOOD N. C., May 16th, 1877.

Editor Maryland Medical Journal:

Not long since I was requested to visit Gabriel Alston, a colored man living about five miles distant. I found Gabriel to be seventy-four years of age, and suffering from that rather peculiar disease, "Dry Gangrene" of the right foot and leg, without swelling, redness, or much pain; the toes and foot had become shrivelled and hard, of a deep black color, with considerable fetor.

For five weeks this man, according to his own and wife's statement, had had no passage on his bowels and ate but very little. I advised amputation as it was insensible to pain and useless as wood hung to his leg. Gabe however was opposed to doctors, and would not consent for me to even prescribe for him, saying his "bowels would move on change of the moon," and if his foot must come off he would take it off himself. I accordingly left, and saw no more of Gabe until this week, when I met him coming to town, alone in an ox-cart; he had, unaided and with his knife, taken off his foot, and said he ate a large mess of poke salad which moved his bowels and he was now better, though the mortification is gradually extending to his knee. I expect Gabe will have another operation to perform soon. I think this rather a remarkable case, considering the age of the patient and the nature of the disease. I think when the leg must come off Gabe will find need of more scientific aid than he is master of, and should I know more of the case, will report how it terminates. I wish you much success in your laudable enterprise, and hope the "MARYLAND MEDICAL JOURNAL" will become indispensable to every physician.

G. E. MATTHEWS, M. D.

REPORTS OF SOCIETIES.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEVENTY-NINTH ANNUAL SESSION.

REPORTED FOR THE MARYLAND MEDICAL JOURNAL.

The Medical and Chirurgical Faculty of Maryland began its seventy-ninth annual session, at the Academy of Music, in this city, on Tuesday, the 10th of April, Dr. Christopher Johnston, President, in the chair. Prominent men in the profession, from all parts of the state, and from the cities of Philadelphia and Washington were present, while the city of Baltimore was represented in the persons of a majority of her best known physicians.

The President delivered his annual address in which he welcomed the members of the Faculty, and congratulated them on the prevailing unanimity for the elevation and advancement of the science of medicine. He directed attention to the great importance of action on four special points affecting the interest of the profession:

First, the sacredness of confidential communications before the courts—Facts gleaned by medical men, in cases under treatment, to enable them to intelligently prescribe, should be deemed sacred and held inviolate. Members of the medical profession, however, are guaranteed no protection in such cases in Maryland, and lay themselves liable to prosecution and fine for contempt of court, should they refuse to reveal matters imparted in the most confidential manner, and which should be regarded as of the most sacred character. In New York, Missouri, Michigan, Iowa and Wisconsin, the law does not compel a physician to reveal such secrets, and similar laws should be enacted in our own state. A physician, when called upon to testify, should claim his privilege that the information given him, was for his own understanding and treatment of the case, and that the court or society has no right to demand that he shall make public the knowledge thus obtained.

Second, the position of a medical expert when subpoenaed to appear in court and testify—The opinion of medical experts is sought in regard to the causes of death, nature of wounds and the condition of a man's

mind in regard to his sanity or insanity. These opinions are formed not so much on the physician's personal examinations, as on his judgment from the facts brought forward, which judgment is based upon knowledge gained by years of patient study. An expert should not be selected as a witness for this side or that, but as an arbitrator on the facts presented by both sides. Medical experts should not be compelled to give away knowledge which has cost them years of toil and research, and the hope is indulged that the time will come when they will not be witnesses for either the defense or prosecution, but, as in France, the advisers of the bench itself.

Third.—The necessity for a complete medical register for the city and state, giving the names of physicians, the colleges from which they graduated, their location, names of hospitals, asylums, dispensaries, schools of medicine and pharmacy, nurses, laws regulating sanitary questions, &c., as has been done in the state of New York.

Fourth.—The creation of a section of microscopy, which, in every field of study, is engaging the attention of learned men all over the world.

The address was received with marks of approbation, and was referred to a committee, with instructions to prepare a memorial and bill to the State Legislature on the first two questions involved.

A fraternal greeting was sent by telegraph to the Alabama State Medical Convention in session at Birmingham, Ala.

Dr. Judson Gilman, the treasurer, reported the assets of the Faculty to be \$11,408 and the liabilities \$84.70.

The Board of Examiners reported the names of twenty-one new members, who were elected.

The Memoir Committee reported the death of four members of the Faculty during the past year, to wit: Drs. R. S. Stewart, Perry S. Kinnemon, Lindley Ellicott and Louis B. Pierce. Appropriate resolutions, expressive of the loss to the profession sustained by the death of these gentlemen, were passed.

SECOND DAY.

Faculty convened pursuant to adjournment, Dr. C. Johnston presiding.

Dr. S. Weir Mitchell, of Philadelphia, delivered the annual oration, his subject being:

"SOME EXTREMES IN THERAPEUTICS."

Dr. Mitchell said:—In the selection of a subject, he was most

inclined to talk of therapeutics and of his therapeutical observations while journeying along his professional life, and especially concerning those extremes which are at times valuable, but very apt to the misused or abused. The action of many drugs has been submitted to divers explanations, which have their day, and then drop into limbo: yet, through all, he had observed that a drug, if useful, continued to be used. Medicine to-day consists of the practical clinical determination of the uses of therapeutical means in the presence of the disease, and of those difficult investigations which profess to explain, more or less clearly, the manner in which medical agents act. The latter mode of study has found few exponents in America. The clinical study has found many competent investigators. But they who dream that it is easy to excel in this study of the direct action of drugs to diseases, have only to turn over the pages of any journal, ten years old, to see how pitilessly the experience of one decennial has consigned to forgetfulness a host of drugs, or application of drugs, which the writer once believed were valuable. He had found in the history of therapeutics that the bite of the rattlesnake is deadly. Then he found reports of eighty cases of success in treatment. This brilliant result was attained by the use of thirty different remedies. He had then to conclude that anything would cure snake-bite, or else it was less fatal than had been believed. Few men are really competent to decide the true value of drugs.

He recalled the extremes of treatment in rheumatism. Once it was bled and blistered; now it is blistered again. Once it was treated with floods of alkalis; then opium was fashionable, and some one said it must have blankets and six weeks; and propylamin had its day; and once cold water applied to the joints would have been thought to be fatal, but he could assert that it was comfort, if not a cure. Dr. Mitchell concluded that there is no other way to true therapeutics except by experiments on patients, and there never will be any other until the laboratory is able to teach us how and when to use drugs, and that is a far-away hope yet.

Utter disbelief in the value of therapeutic means prevailed in Germany. Continental physicians have taken a refuge in the credulity of people in the influence of mineral springs. In this country a like belief has been fostered by a variety of causes, and waters of the value of that of Gettysburg, and some as inert, have won a wide-spread celebrity. In most cases these springs are to be found in healthy mountain regions, and it is the change of air, of diet and of habits of

life, which deserve to be considered as curative, rather than the waters. So vast is the use of such total change that patients who go for treatment from the country to the cities, are often the better merely for the change, and too often the city physician, as he well knew, gets the credit for that relief which was in large part owing to the vast alterative of change of air and of all the ordinary habits of life.

Blood-letting was once as common as the giving of tonics is now, but what was then daily in practice is now looked upon as a therapeutic measure of heroic character, as a thing really dangerous. The subject of extremes in the use of rest and absolute diet is worthy of attention, but in this country we are far more concerned with the question of how to make people fat than how to make them lean. There are plenty of healthy people who are thin, but even for them there is a standard of fatness, and we feel anxious at once when any one is losing fat at all rapidly. Probably our whole active population loses weight in summer.

The doctor's qualities of diagnostician and therapist are those which concern most his own prosperity and the welfare of his patients; but unless the profession can also show its capacity for accurate scientific pursuits, for chemical, physiological and toxicological investigation, it will not hold, before the general public, the lofty place which belongs to it.

Dr. Mitchell's admirable address was received with every demonstration of approval and, will be published entire in the Faculty's proceedings.

Dr. A. B. Arnold, from the section on Psychology and Physiology, read a paper on "The Medico-legal, relations of certain forms of melancholia."

THIRD DAY.

Dr. L. McLane Tiffany, from the section on Surgery, read a paper on "Surgical Dressings," in which he maintained that water, fresh air, and cleanliness were the most important elements in the treatments of surgical wounds.

Dr. W. C. VanBibber, of the section of Materia Medica, offered a paper on "The Therapeutics of pressure, somatic support and modes of dress."

Dr. J. C. Thomas, of the section of Practice of Medicine, offered a paper on "The Germs of Disease."

Dr. Jno. S. Lynch, of same section, read a paper on "Veratrum Viride."

Dr. S. C. Chew, presented a case of "Empyema, with spontaneous evacuation," and illustrated it with a hospital patient.

Volunteer papers were read as follows: Dr. S. Theobald, "The use of large probes in Strictures of the Nasal Ducts;" Dr. B. B. Brown, "Diseases of the Bladder and Rectum, caused by displacements of the Uterus;" Dr. B. Titcomb, "Artificial eyes and lesions, caused by wearing the same;" Dr. Randolph Winslow, "Cases of incontinance of Urine;" Dr. Jno. N. Monmonier, "Some cases in Surgical Practice."

New members were elected as follows: Drs. W. W. Antrim, Samuel Johnston, J. J. Chisolm, J. A. White, G. Liebman, B. Frank Grove, J. W. Dougherty, W. E. McDowell, Leonard and Gavin.

FOURTH DAY.

Resolutions offered by Dr. Chris. C. Cox, of Washington, were passed deploring the bodily affliction which prevented the attendance of Prof. N. R. Smith, and acknowledging the great and lasting indebtedness for his numerous and valuable contributions to the literature of his profession; his splendid achievements in practical surgery; his able, eloquent and long-continued teachings; his high-toned bearing and adherence to ethical principles, which have constituted him a model for imitation.

The President, vice-presidents and secretaries were appointed a committee, to memorialize Congress and to correspond with other medical societies to remove the import tax on quinine.

A resolution offered by Dr. Geo. H. Rohe for the appointment of a committee to memorialize the State Legislature in regard to the placing of public prostitution under sanitary control was laid on the table.

Drs. J. D. Iglehart and C. C. McDowell were elected members.

The election of officers resulted as follows: President, Prof. A. B. Arnold; vice-presidents, Drs. S. C. Chew, F. C. Chatard, Chas. H. Jones; recording secretary, Dr. Wilson G. Register; assistant, Dr. G. Lane Taneyhill; corresponding secretary, Dr. W. F. A. Kemp; treasurer, Dr. Judson Gilman; executive committee, Drs. P. C. Williams, Christopher Johnston, James Carey Thomas, Henry M. Wilson, John F. Monmonier; examiners for the Western Shore, Drs. N. R. Smith, A. Hartman, A. Friedenwald, F. Donaldson, T. S. Latimer, J. S. Lynch, Thos. B. Evans; Eastern Shore, Drs. W. G. G. Wilson, E. M. Hardcastle, A. M. White, A. H. Bayley, James B. R. Purnell.

Medico-legal committee, Drs. S. C. Chew, A. B. Arnold, John

Morris, A. H. Jones, G. Lane Taneyhill ; medical register, Drs. Judson Gilman, W. G. Regester, D. W. Cath-ell ; library committee, Drs. G. L. Taneyhill, W. G. Regester, J. Shelton Hill, George A. Hartman, G. Glanville Rusk ; publication committee, Drs. Judson Gilman, D. W. Cath-ell, A. B. Arnold, W. G. Harrison, W. G. Regester ; memoir committee, Drs. D. I. McKew, Richard McSherry, James I. Cockrill, Samuel Theobald, G. Ellis Porter ; honor committee, Drs. E. Lloyd Howard, H. M. Wilson, Charles Jones, Thomas S. Latimer, John Morris ; surgery, Drs. N. R. Smith, A. P. Smith, T. R. Brown, G. Ellis Porter, A. Friedenwald ; practice of medicine, John S. Lynch, A. B. Arnold, T. S. Latimer, J. Wm. Correll, Caleb Winslow ; obstetrics, &c., Drs. P. C. Williams, Thomas B. Crans, Jos. E. Gibbons, William Lee, James E. Clagett ; materia medica, &c., I. E. Atkinson, A. Hartman, D. I. McKew, Thomas Opie, Riggin Buckler ; meteorology, &c., Drs. J. C. Thomas, C. H. Ohr, John Morris, H. M. Wilson, J. G. Linthicum ; anatomy, &c., C. F. Bevan, G. B. Reynolds, W. P. Morgan, J. T. Wilhelm, Thomas W. Simmons ; psychology, &c., F. T. Miles, F. Donaldson, G. H. Boylan, John Van Bibber, J. Davis Thompson ; delegates to American Medical Association, Drs. C. H. Ohr, J. T. Wilhelm, G. W. Wayson, H. M. Wilson, W. C. Van Bibber, Jas. C. Thomas, L. McL. Tiffany, J. Robert Ward, L. H. Steiner, Samuel P. Smith, Thomas W. Simmons, Jas. A. Stewart, James S. Stevenson, G. Ellis Porter, John F. Powell, John H. Patterson, John Neff, J. F. Monmonier, John Morris, S. C. Chew, J. S. Conrad, J. J. Cockrill, G. W. Benson, I. E. Atkinson, A. B. Arnold, Thomas S. Latimer, Charles H. Jones, J. W. Houck, E. Lloyd Howard, Judson Gilman, A. Friedenwald, W. H. Diffenderfer ; delegates to North Carolina Society, Drs. H. E. T. Manning, W. T. Howard ; Virginia Medical Society, Drs. T. S. Latimer, P. C. Williams ; Pennsylvania Medical Society, Drs. J. C. Thomas, Thomas F. Murdoch ; New York Medical Society, Drs. W. G. Regester, C. F. Bevan ; Ohio Medical Society, Drs. John Morris, R. Winslow. Adjourned.



PROCEEDINGS OF THE BALTIMORE CLINICAL SOCIETY.

REPORTED BY ROBT. B. MORISON, M. D.

Regular meetings of the Baltimore Clinical Society took place in March, with the president Dr. Thomas in the chair. Various papers of interest were read and specimens exhibited.

Dr. Hill reported two cases of strangulated oblique inguinal hernia in which an operation was performed by making an incision. Both cases healed by first intention. No. 1 sat up in two days, put on truss in six, and was at work in ten. No. 11, put on truss in eight days and was able to go about with comfort.

Dr. Atkinson related a case of pneumonia, in a drinking man who became delirious and had symptoms of delirium tremens. As the pulse was very good stimulants were uncalled for, but it was a question whether they should be discontinued for fear of a return of delirium.

The method of continuing or discontinuing stimulants under such circumstances was discussed at some length, Dr. A. desiring to obtain the opinion of the society upon the subject.

Dr. Tiffany exhibited a most interesting specimen of cystic calculi removed from the bladder of a woman 55 years old. Lithotripsy was performed. Finding it exceedingly difficult to crush two pieces after continued trial they were removed through the urethra by distending it upon close examination the pieces were discovered to be two well formed adult molar teeth. They had formed the nuclei of the calculi, but in what manner they had formed their way into the bladder, Dr. T. was unable to find out, he hardly giving credence to the story which mother and daughter told of accidental swallowing.

Dr. Coskery exhibited the uterus vagina and vulva of a fox which had been run to death by dogs, the animal being found in a field in a dying condition. The uterus was gravid, containing five cubs nearly at term. The interest in the specimen lay in the shape of the uterus, the arrangement of the placenta with the maternal vessels and a peculiar dark greenish fluid which was difficult to account for.

Papers were read by Dr. B. B. Brown on subinvolution of the Uterus and by Dr. Chatard on Uterine Hydatids.

BALTIMORE MEDICAL SOCIETY.

March 14. The Society was called to order by Dr. Judson Gilman, President. Under the reports of cases Dr. Kemp related a case of Dropsy of the Umbilical Cord, which measured three and a half inches in circumference and sixteen inches in length. The child was feeble and small, but was still living.

Dr. Kemp reported another case which occurred in his father's practice in 1859. In this case the cord measured 33 inches in length, 23 inches next to the placenta being normal in size, the remaining 10 inches measuring 6 inches in circumference, with a constriction in the centre measuring $4\frac{1}{2}$ inches.

Dr. J. R. Uhler opened the discussion of the subject *Medical Microscopy*. He introduced the subject by asking the question, "Does it pay the general practitioner to devote his time to microscopy?" which he answered affirmatively. Dr. Uhler stated that there were three requisites to the successful study of microscopy—time, money and ability, to which he added the most important elements, application and enthusiasm for the subject. The constant use of the eye in microscopy rendered good, strong eye sight a necessity.

The question was often asked, "What instrument should be selected for microscopical study?" There was much difference of opinion, each worker claiming special preference for one instrument over another. As a rule, the more simple the instrument, the more efficient and useful it is in the hands of the student. Dr. Uhler recommends McAllister's Professional Microscope, as it combines more good qualities than any in use. As McAllister's instrument is large, Dr. Uhler, had it shortened in length and so modified as to make it convenient and handy for general use. As modified it weighs only three pounds and could be readily carried from place to place without inconvenience. The selection of a lens is most important. "Get none but the very best." Dr. Uhler prefers those of American manufacture.

The question is asked, "What is required of a Physician to be a good worker with the microscope?" He must have a mechanical turn of mind, and possess some knowledge of Physics.

"Where is the microscope of use in the practice of medicine?" In the examination of blood, urine, pus, and various secretions, in the

determination of the nature of tumors and other morbid growths. In Bright's disease the microscope is the only reliable diagnostic test. In Phthisis Dr. Uhler thought the microscope had not received sufficient credit. He related a case in which he was enabled to make a diagnosis from an examination of the sputa before the physical signs indicated any appreciable trouble.

Prof. Christopher Johnston remarked that he had listened with great pleasure to the paper read by Dr. Uhler, and agreed with him in many points. He is of the opinion that, whilst strong eye sight is required, still it was not so much the eye which saw as the intelligence which guided it. He urges the necessity for the use of the best glasses, as false pictures are often presented by poor glasses, which misrepresent the image to the student.

In answer to the question, "Does microscopy pay?" Prof. Johnston cited the benevolence and faithful services of distinguished workers in science, abroad and in America, and of the good returns to these gentlemen from their labors. He referred to Lister, as the great benefactor of mankind, and of the high esteem in which he was held for his splendid service with the microscope.

Prof. Johnston claims that the microscope is of service to the general practitioner as a means of diagnosis in many obscure troubles, and as "the diagnosis is half the cure," it is eminently satisfactory to the physician when he is enabled to ascertain for himself the nature of the disease with which he is contending. In forensic medicine before courts of law, valuable truths are only to be secured through the uses of the microscope.

Prof. Johnston holds that time can always be found for microscopic work. "The man makes the occasion." "The man in earnest will secure his instrument and will work in spite of opposing difficulties." He considers objectives of more importance than the stand and recommends those manufactured by Toles in this country, or Powell and Leland in London. Beale is a striking illustration of what the man may do with the microscope, and of what the microscope can do for the man.



THE BALTIMORE ACADEMY OF MEDICINE.

May 15th.—The Academy was called to order by the president, Dr. Richard McSherry. In the narration of cases Dr. Chisolm described a case of ovariectomy which he was invited to see through the kindness of Dr. Knight, the operator. Many physicians had from time to time examined the case, but the diagnosis was left somewhat in doubt. Fluctuation was palpable and yet two tapplings, one with a large trocar, and the second with an aspirator, gave exit to no fluid. Under chloroform the usual incision was made, the cyst exposed and punctured, with no discharge. The opening in the cyst wall was then enlarged to five inches, the extent of the opening in the abdominal wall, and although a gelatinoid mass filled up the gap, still nothing escaped, notwithstanding the fact that the hands of two strong assistants made powerful pressure upon the abdominal tumor. With all of these accessories the surgeon was compelled to thrust his hand into the sac and pull out the tenacious contents which was pulled out rope like from the abdominal cavity. Many cysts were emptied in this way, their contents differing somewhat in color from white to brown, but not in consistency, all being excessively viscid. The cyst wall was found to have but few adhesions and was connected with the right ovary. The gelatinous mass collected in a tub, weighed 52 pounds; a few pounds were wasted in the extraction. At the expiration of a week the patient was reported as doing well, having had no bad symptom since the operation.

Dr. Jas. A. Stewart stated that twenty years ago he was present at a post-mortem examination of a woman who died from ovarian tumor and that the contents of the sac resembled the one related by Dr. Chisolm. In this case the diagnosis was not made. The tumor weighed only 30 pounds.

Dr. S. C. Chew reported a case of a child two years of age, on which he had performed paracentesis thoracis four times, withdrawing in all 99 ounces of pus.

The largest quantity at any one time was 33 ounces. The child was greatly relieved after each operation. He had not introduced a drainage tube, as he believed ultimate recovery might follow without

its introduction. In a case which he had attended with Drs. Donaldson and Howard, paracentesis had been employed six times, resulting in entire cure of the child.

The case Dr. Chew thought of interest from the extreme youth of the patient and from the fact that the physical signs in the early stage resembled those of pneumonia so closely as to render the diagnosis somewhat doubtful. Tubal breathing was more perfectly marked than he had ever observed it. The difference in measurement of the two sides of the thorax was three-fourths of an inch.

Dr. McKew related a case similar to that of Dr. Chew in which the escape of pus was made by use of a lancet. The pus ran out in large quantities, and the child recovered.

Dr. McSherry referred to a case which he had seen reported, in which 101 ounces were withdrawn in four operations on a child 3 years of age. This case recovered without the use of injections or of drainage tubes.

Dr. Chisolm reported a case of Staphyloma sequel of perforating corneal ulcer from gonorrhoeal ophthalmia, in a boy of 8 years of age. The protruding swelling involved the lower and inner half of the cornea. The lad was brought from a distance to Baltimore, to have the condemned eye removed. As the enucleation of an eye-ball in children should only be performed as a *dernier ressort* Dr. Chisolm essayed the tentative operation of removing all the iris not involved in the Staphyloma, an operation known as irideremia. The day after the operation the secretion of aqueous had puffed out the tumor to its full size. From this time however, shrinkage began and at the end of ten days the whole swelling had subsided to the level of the normal cornea, and the irritation which had existed in the sound eye for seven months had altogether disappeared. Dr. Chisolm reported the eye saved by this new operation.

Dr. Chisolm also reported the removal of an eye under chloroform in a young lady, of very feeble health and with extensive organic disease of the heart, who had been frightened by her physicians into the belief that she could only take chloroform at the sacrifice of her life. Dr. Chisolm stated that in the daily use of chloroform, now extended through 27 years of professional life, he had administered it to the extremes of age, to the strong and to the feeble, with every kind of organic disease of the various organs of the body, and had never seen an accident, therefore saw no occasion for setting aside the best of anæsthetics for ether, which was equally nauseating, more

distressing to take, and, now that it was beginning to be used more freely, found equally dangerous. The remarks of Dr. Chisolm drew forth an animated discussion on the comparative dangers of chloroform and ether inhalations in which Drs. Johnston, Chew, Miles, Williams, Arnold, Morris, Donaldson, Erich, and others participated.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

TWENTY-FOURTH ANNUAL MEETING.

FIRST DAY.—MORNING SESSION.

SALEM, N. C., May 22nd, 1877.

The Twenty-fourth Annual Session of the Medical Society of the State of North Carolina, convened in the Music Hall in the town of Salem, May 22nd, 1877, at 10 o'clock A. M., Dr. Geo. A. Foote, President of the Society, in the chair.

The society was called to order by the President, and prayer was offered by Bishop E. DeSchweinitz.

An address of welcome, on behalf of the citizens of the town, was delivered by Col. R. L. Patterson and responded to by the President.

In the absence of the secretary, Dr. James McKee, Dr. L. J. Picot was appointed secretary *pro tem*.

The roll was called, and twenty-three (23) members found present.

The following committees were announced by the chair:

On Credentials.—Drs. J. F. Shaffner, Hugh Kelly, G. G. Smith, E. S. Foster, and T. D. Haigh.

On Finance.—Drs. H. T. Bahnson, C. J. O'Hagan and Eugene Grissom.

Dr. Satchwell moved that reading of papers be proceeded with. On motion postponed.

The question of the eligibility of candidates, who graduated before the passage of the bill authorizing the State Society and who had ceased to practice and then resumed, was discussed by Drs. Satchwell, Payne, and O'Hagan, and it was, on motion, decided that such could be admitted to membership without an examination.

The Chair then announced that papers were in order.

Dr. A. G. Carr reported a case of Trachetomy on a child fourteen-and-a-half months old, and exhibited a grain of corn taken from the trachea.—Recovery. On motion Dr. R. L. Payne, the paper was referred to the Committee on Publication,

Dr. Chas. J. O'Hagan reported, verbally, two cases of a like character. The first having a grain of corn lodged in the larynx, causing immediate death; and the second in which a water-melon seed taken into the trachea was ejected. He advocated an operation in such cases after other means had failed.

A communication was read from Dr. H. E. T. Manning, of the *Maryland Medical Journal*, offering its columns for the use of the society or any member thereof. On motion Dr. O'Hagan, the thanks of the society were tendered therefor.

Dr. J. K. Hall reported, verbally, a case of Encysted Tumor of the Liver, in which the aspirator was used and a half gallon of albuminous fluid taken therefrom. The tumor subsequently emptied into peritoneal cavity. Patient now improving.

Dr. O'Hagan said the case was an uncommon one, and recovery rare.

Dr. Satchwell moved that Dr. Manning, the first delagate from the Medical and Chirurgical Faculty of Maryland, be invited to a seat in the society and a participation in its proceedings, and introduced Dr. Manning, who responded in a few words of thanks to the society for the courtesy.

The subject of a State Board of Health, in accordance with recent act of the Legislature, was brought up and Dr. O'Hagan made a few well-chosen remarks pertinent to the subject in which he suggested that a part of the duty of the Board shall be to collect and disseminate reports and statistics on the subject of state medicine and preventible diseases for the information of the people.

Dr. Satchwell asked that a committee be appointed, and an hour set apart, to report on the subject. On motion of Dr. Bahnson the hour of 9-45 tomorrow was named and that the hour of 10-45 be set apart for the reading of a paper on gynæcology by Dr. Jas. Graham.

Letters were read from Drs. C. T. Murphy and W. A. B. Norcom, expressing regret at their necessary absence from the meeting.

Letter from Dr. N. J. Pittman was read asking some action on the matter of memorializing Congress for a free tariff on quinine.

On motion of Dr. O'Hagan a committee of five was appointed to report on time and place of next meeting and, if necessary, on future

meetings. The following gentlemen were named as said committee: Drs. C. J. O'Hagan, S. S. Satchwell, R. L. Payne, T. F. Wood and W. H. Whitehead.

Dr. J. F. Shaffner, from committee on credentials, submitted partial report recommending Drs. Jas. Hollingsworth, and R. W. Glenn for membership and reported Dr. H. E. T. Manning a duly accredited delegate from the Medical and Chirurgical Faculty of Maryland.

Dr. O'Hagan offered the following resolution: *Resolved*.—That in the opinion of this society the import tax on quinine is unjust and cruel to the needy poor, to whom it is a necessary of life, and that our senators and representatives in congress are hereby requested to use every effort to have the duty removed.

On motion of Dr. Satchwell the following committee was appointed to act in accordance with the above resolution: Drs. Satchwell, Duffy, Graham, Picot, and Hill. On motion society adjourned to 2½ P. M.

AFTERNOON SESSION.

Society convened, pursuant to adjournment, the President in the chair.

Dr. Hugh Kelly made some interesting remarks on the diseases incident to his locality, and mentioned some interesting cases of intermittent and other fevers and pneumonia. He said that bleeding had been resorted to in pneumonia more frequently than heretofore.

Communication read from secretary Arkansas Medical Society, asking action of this society in regard to the recognition, by the American Medical Association, of so-called bolters from that society. On motion it was laid on the table.

Dr. Eugene Grissom read an interesting paper on Epilepsy, under the following heads: General Considerations.—Forms of the Disease.—Larvated Epilepsy.—Illustrative Cases.—Theories of its Causation.—Remedial Agencies.—Medical Jurisprudence.

On motion of Dr. H. T. Bahnson, the paper was referred to the committee on publication.

On motion Dr. T. D. Haigh, the name of Dr. J. K. McRae, was restored to the list of members of the society.

On motion of Dr. Bahnson the thanks of the society were tendered Dr. J. K. McRae for a handsomely bound copy of the proceedings of the society, from 1849 to 1876 inclusive.

Committee on Credentials reported Dr. Beverly Jones and recommended his admission to membership.

Adjourned to 8 o'clock, P. M.

NIGHT SESSION.

Society called to order by the President, at 8 o'clock, pursuant to adjournment.

The President read a communication from Dr. Manning, offering to furnish each member of the society a copy of the June number of the *Maryland Medical Journal*, containing a synopsis of the proceedings of this meeting. The thanks of the society were, on motion tendered to the editors of said journal.

Dr. H. O. Hyatt reported two cases of excentric epilepsy, one caused by gun-shot wounds, the other by adherent prepuce. Bromides were used in first case with very little good effect; in the second case, the prepuce was split up and the fits did not recur.

The use of bromides was discussed at length by Drs. Hyatt, Duffy, and others.

Dr. Faison reported a case of epilepsy, with partial paralysis, treated with bromide and ergot,

Dr. W. W. Lane made a report of an amputation of the leg, treated with Lister's antiseptic dressing, with good result.

Lister's dressing for wounds discussed by Drs. O'Hagan, Sharp, Duffy and Wood.

Dr. Lane read a report of a case of Extrophy of the Bladder.

On motion Dr. Bahnson, both papers were referred to committee on publication.

A letter from Dr. James McKee, secretary of the society, tendering his resignation, was read and, on motion Dr. Bahnson, was accepted, and the thanks of the society were tendered for his past efficient services.

On motion of Dr. Grisson, Dr. L. B. Edwards, delegate from the Virginia Medical Society, was invited to a seat in the society—Responded to by Dr. Edwards thanking the society for the courtesy.

The following committee on nominations was appointed: Drs. S. S. Satchwell, Jos. Graham, H. O. Hyatt, D. N. Patterson and J. M. Towles. Dr. Kelly, chairman committee on credentials, recommended Dr. Adam E. Wright for membership and reported Dr. L. B. Edwards a duly accredited delegate from Virginia Medical Society.

Adjourned, on motion, to to-morrow morning half-past 8 o'clock.

SECOND DAY.—MORNING SESSION.

Society called to order by the President at 8½ o'clock.

Roll called and fifty members found present.

A note was read from Dr. P. E. Hines, of Raleigh, asking to be excused from attendance on account of sickness in his family.

Report of the Committee on State Board of Health, reported through its Chairman, Dr. S. S. Satchwell, who read a paper full of useful advice, admonitions and earnest appeals for the advancement of health in the State.

It was moved and carried that Dr. Satchwell be relieved from dues to the society for life, and Dr. Geo. A. Foote for two years, as a slight testimonial of regard of the Association for their earnest endeavors towards the passage of the bill constituting the Association a "State Board of Health." After much discussion a Committee was appointed to draft a plan for the government and complete organization of the State Board. The following Committee was appointed: Drs. Payne, O'Hagan, Hyatt, Satchwell, Kirby and Alston.

Committee reported as follows: Recommends the appointment of a sub-committee, as follows:

Dr. Satchwell, Chairman; Dr. Wood, Secretary; Drs. Graham, Duffy, Hines and Foote.

Dr. Graham read a paper, explaining his treatment of diseases of women, which was referred to Publication Committee.

Dr. Grissom announced the death of Dr. W. G. Hill, of Raleigh; and Dr. O'Hagan, the death of Dr. Thomas Duffy, of Rutherford. Committee was appointed to draw up resolutions, as follows: Drs. Grissom, Johnson, O'Hagan and Faison.

Committee on Medical Colleges in North Carolina reported through Dr. Holmes. Report adopted, and ordered that the Legislature be petitioned to rescind the charter of Edinboro' Medical College in Robeson County.

Drs. Edwards of Virginia, and Manning, of Baltimore, being called upon, responded in short congratulatory addresses, expressing good wishes for the North Carolina Medical Association.

Dr. T. F. Wood, of Wilmington, read a highly interesting paper on Vaccine Syphilitic Inoculations, exhibiting finely executed plates of syphilitic eruptions caused by vaccination with impure virus.

Adjourned to 3 o'clock, P. M.

AFTERNOON SESSION.

Dr. J. K. Hall, Vice-President, called Society to order; Dr. L. J. Picot, Secretary.

The report of the Committee on Finance showed the indebtedness of the Society to be \$241, with assets of \$200. All deficiencies it was thought would be fully met by the close of the session. Dr. Hall moved to rescind Art. 8, Sec. 3, of the Constitution, and that all delinquencies for dues, be remitted. Lost.

Committee on Credentials reported 14 names for membership. Report adopted and the names enrolled.

Committee on Time and Place of Meeting next year reported as follows:

Goldsboro' is recommended as the place, and the 2nd Tuesday of May 1878.

Concord, Greensboro' and Raleigh were proposed but the report of the committee was finally adopted in regard to the above. A reconsideration was moved, but failed to pass.

Committee for Selection of Subject for Discussion at next meeting was appointed as follows: Drs. Alston, Hicks and Graham.

Committee on Medical Irregularities: Drs. Duffy, Lewis, Holmes, E. Burke Haywood, Hines and McKee.

The appointment of delegates to the Maryland Medical Society, and Virginia Medical Society was referred to Committee on Nominations.

Report of Obituary Committee postponed until evening.

Dr. C. Duffy, of Newberne, exhibited specimens of emboli of the cerebellar arteries, making some pertinent remarks thereon.

Adjourned to 8 o'clock P. M.

NIGHT SESSION.

Society was called to order by the President, and Dr. C. J. O'Hagan introduced the orator, Dr. J. F. Shaffner, who delivered an address on the "Origin and Development of the Science of Medicine." The subject was treated in a highly interesting manner, and it was received with appreciative applause. [The address, together with the other admirable papers read by different members of the society, will be published in full in the transactions of the society, and we will not do the gentlemen the injustice to attempt a synopsis of them.]

After Dr. Shaffner's address and a few minutes recess in the Public Square, at the Promenade Concert, Dr. Foote again called the Society to order at 9 o'clock.

On motion of Dr. Kelly, Dr. W. P. Mallett was admitted to membership.

Obituary Committee reported through its Chairman, Dr. Grissom.

The reports were referred to Committee on Publication, and copies sent to the families of the deceased.

In this connection, Dr. Grissom read a memoir of Dr. Hill, prepared by Dr. R. B. Haywood, of Raleigh. The thanks of the Society were tendered to the author.

Dr. Shaffner's address was referred to Committee on Publication.

Dr. Alston, Chairman of Committee on Subject for Discussion, reported as follows: Diphtheria, and its Treatment. Dr. Charles Duffy, Jr., of Newberne, was appointed Essayist by the President.

The following gentlemen were appointed a Committee on Nominations: Drs. Satchwell, Graham, Hyatt, Patterson and Towles.

Dr. Kelly reported the name of Dr. Adam E. Wright for membership.

Moved that the salary of the Secretary, which was \$100, be taken away entirely, and that he be hereafter entitled to mileage and non payment of dues, so long as secretary. Carried.

Adjourned to 9 o'clock, A. M., Thursday.

THIRD DAY.—MORNING SESSION.

Society called to order, Dr. Foote, the President, in the chair.

On motion 11 o'clock, A. M. was set apart for the address of the President.

Dr. L. G. Hunt was recommended for membership.

Dr. Hyatt, from Committee on Nominations, submitted the following: For president, Dr. R. L. Payne, of Lexington; first vice-president, Dr. F. M. Rountree, of Snow Hill; second, Dr. R. Anderson, of Albemarle; third, Dr. S. P. Flowers, of Mount Olive; fourth, Dr. L. A. Stith, of Wilson; Treasurer, Dr. A. G. Carr, of Durham; Corresponding and Recording Secretary, Dr. L. J. Picot, of Murfreesboro'; Orator, Dr. W. T. Ennett, of Pender County.

Delegates to American Medical Association: Drs. Kelly, Whitehead, Kirby, Norcom, Haywood, Duffy, Walker, Jones, Smith, and Wood.

Publishing Committee: Drs. Shaffner, Bahnson, Roan, Summerell, Hall and Picot.

Delegates to Medical Society of Virginia: Drs. McKee, Lucas, Hicks, O'Hagan and McDonald.

Delegates to Medical Society of Maryland: Drs. Knight, Hicks, Graham, Moore and Hall.

Delegates to Medical Society of South Carolina: Drs. Bellamy, Lane, Holmes, Gibbon, and Lewis.

The report of the committee was unanimously adopted.

A discussion on the the diseases of women took place which was participated in by Drs. O'Hagan, Summerell, Duffy, and Hyatt.

The hour having arrived for the president's address, Dr. Foote proceeded to deliver his address on "Hypodermic Medicine", in which he advocated the use of medicine hypodermically and set forth his views, sustained by experience, in a manner at once ingenious and attractive. A vote of thanks was tendered the President and his address referred to the Committee of Publication.

Dr. H. M. Alford, of Greensboro, was recommended for membership

Drs. O'Hagan, Hyatt, Duffy and others discussed the subject of lacerations of the cervix uteri, detailing their experience and treatment in such cases at length.

Drs. O'Hagan and Haigh were appointed to conduct the newly elected President to the chair. On assuming the chair Dr. Payne thanked the society for the honor conferred, and promised his best efforts to further the interests of the society.

Dr. H. T. Bahnson read a paper on Puerperal Convulsions, which was highly lauded. Drs. Haigh, Luckey, Duffy, Summerell and others made interesting and instructive remarks on the subject.

On motion a vote of thanks was tendered the citizens of Salem and Winston for their courteous hospitality to the society and to Messrs. Crist, of the *Salem Press*, and Mathes, of the *Winston Sentinel*, for correct and interesting reports of the proceedings of the society.

On motion society adjourned.

GEO. A. FOOTE, M. D.

President.

L. J. PICOT, M. D.

Secretary Pro tem.

Thus ended one of the most pleasant and profitable meetings of the North Carolina Medical Society, which has known twenty-four years of prosperity and usefulness.—*Editors Maryland Medical Journal.*



SELECTIONS.

AN ACT TO ESTABLISH BOARDS OF HEALTH IN THE STATE OF NORTH CAROLINA.

The General Assembly of North Carolina do enact:

Section 1. That the State Medical Society of North Carolina, organized in 1849, and subsequently reorganized by the Legislature of the State, by an act establishing the State Board of Medical Examiners, is hereby constituted the Board of Health of the State of North Carolina.

Sec. 2. That the Board of Health of the State of North Carolina shall take cognizance of the interest of health and life among the citizens of the State. They shall make sanitary investigations and inquiries in respect to the people, the causes of diseases, especially of epidemics, and the sources of mortality, and the effects of locations, employments, conditions and circumstances on the public health, and they shall gather such information in respect to those matters as they may think proper for diffusion among the people. They shall be considered the medical advisors of the State, and shall advise the government in regard to the location and sanitary management of any public institution, and shall call its attention to such sanitary matters as in their judgment affects the industry, prosperity, happiness, health and lives of the citizens of the State. They shall make to each regular session of the General Assembly, through the Governor, and in the month of — of such session, a report of their doings, investigations and discoveries, accompanied with such suggestions in regard to legislative action as they may deem just and necessary.

Sec. 3. That the report thus made of the Board of Health of the State shall be published as are other regular reports, through the Governor to the General Assembly, for distribution among the members of the General Assembly and for the use of the

members of the Board of Health of the State, and such additional number as may be deemed advisable for circulation among the people of the State, and for the purpose of exchanging for the reports of similar associations in other States.

Sec. 4. That for the purpose of defraying the necessary expenses of the Board of Health of the State in the discharge of their official duties there shall be paid annually out of the Treasury of the State to the Treasurer of the said Board of Health of the State, upon the requisition of the President and Secretary thereof, the sum of one hundred dollars.

Sec. 5. That county Medical Societies in affiliation with the Medical Society of the State of North Carolina, and organized in accordance with the constitution of the said State Medical Association are hereby constituted Boards of Health for their respective counties, and shall be under the general direction of the Board of Health of the State of North Carolina created by the first section of this act.

Sec. 6. That the competent legal authorities of any county in this State or any incorporated town or city shall, whenever in their judgment it becomes expedient to do so, invest the Board of Health, thus created, of any county with such execution, duties and powers for the public health, and under such rules and stipulations as shall be agreed upon between the two parties; and that all questions relating to salaries and expenditures shall be reserved to the legal authorities of the county, city or town, as the case may be.

Sec. 7. That no board of health or advisory or executive medical body for the exercise of public health functions shall be established by authority of law in any county, town or city of this State, except such as are contemplated by the provisions of this act. The object of the prohibition being to secure a uniform system of sanitary supervision throughout the State. But nothing in this article shall be so construed as to prevent the State Board of Health, established in accordance with the provisions of this act, from accepting and executing any special powers that may be granted them by the General Assembly of the State.

Sec. 8. This act shall be in force from and after its ratification.

In General Assembly read three times, and ratified this the 12th day of February, A. D. 1877.

T. J. JARVIS,

President of the Senate.

CHAS. PRICE,

Speaker of the House of Representatives.

The recognition of the State Medical Society, conveyed in the above act, (passed by the Legislature of North Carolina at its last session,) is a well-merited and timely one. The act is one of wisdom and humanity and does credit alike to the law-makers of that State, and the association upon which the honor and duties, imposed by said act, are so fitly bestowed.—*Editors Maryland Medical Journal.*

BLOODLETTING IN PNEUMONIA.

C. E., aged 22, applied at the Dispensary Clinic for treatment on the 29th of October. At the time he was suffering from a chill, and complained of a severe pain in his left side. He was advised to come into the hospital (University Hospital, Baltimore,) for treatment and on the following day was received into the house as a patient.

Upon examination the lower lobe of the left lung was consolidated from pneumonia, marked by a slight effusion in the pleural cavity. The temperature of the patient was up to 103° (Fh.), pulse 110, respiration 35. There were severe pains in the left side, which caused great uneasiness and distress in respiration and coughing. Ten minims of Magendie's solution were administered hypodermically at bed-time, affording much relief during the night, with pleasant sleep.

The pain returned in the morning, with high temperature and further embarrassment of respiration. Two wet cups were applied over the left side over the seat of the pain, and two ounces of blood abstracted. Relief followed almost immediately after the removal of the cups, and the patient enjoyed a refreshing rest.

Convalescence was established on the following day, and on

the sixth day after admission the patient was up and walking about the wards of the hospital. The medical treatment consisted in the administration of a diuretic, and ten-grain doses of Dover's Powder at bed-time.

The patient was a stout, robust young man, of full habit, when attacked with pneumonia. There was every indication of an advancement of the inflammation, and that its progress was arrested by the local abstraction of blood by means of cups. No sooner were the cups applied than pain was relieved, and the general condition of patient improved.—*N. Y. Hospital Gazette*.

ON DEFECTS IN THE DOMESTIC MEASUREMENT OF DOSES.

DR. ROBERT FARQUHARSON, Lecturer on Materia Medica at St. Mary's Hospital Medical School, writes as follows to the *British Medical Journal* of Feb. 26:

"The scrupulous accuracy with which prescriptions are made up by the highly educated dispensers who are now entrusted with this duty, perhaps tends to make practitioners careless regarding the exact mode of administration of their drugs. For convenience in out-patient departments, the time-honored tea spoon or table spoon is invariably recommended for the division of doses; and we console ourselves for our want of scientific precision by the belief that these domestic measurements usually correspond to certain definite standards laid down in our text-books. Sometimes, however, we find complaints made that our medicine will not last out the week; and, on inquiry, we find that the patients have consumed nearly double the proper quantity during that time, although they have conscientiously endeavored not to exceed the regulated number of tablespoonfuls. This happens so often, and is productive of so much waste and annoyance, that I have lately, with the kind assistance of Mr. Marriott, dispenser to the Western General Dispensary, made a careful inquiry into the capacity of our common domestic measures with the following results.

I will first consider drops, which are in occasional use, and which are held in a vague way to be about equal to a minim, although the more educated student of pharmacy would probably tell us that, on an average, they are only equal to half that quantity. Of

	Drops.	Minims.
Distilled water.....	56	represent 60
Tinctura opii.....	113	" 60
Tinctura digitalis	114	" 60
Liquor morphine hydrochlor.....	100	" 60
Oxymel scillæ.....	80	" 60
Syrupus papaveris.....	75	" 60
Spiritus ætheris nitrosi	114	" 60
Tinctura camphore comp.....	112	" 60
Acidum sulphuricum dilutum.....	55	" 60
Spiritus terebinthinæ.....	110	" 60

The next point is to inquire in how far the size of the drop is influenced by the shape of the bottle in which the fluid is contained. The experiments just noted were all made by means of an ordinary beaked minim-measure, and I found barely a shade of difference between this and a small phial bought by a dispensary patient. But, on making comparative observations with tinctura opii, I obtained the following variations from my original estimate of 113 drops to 60 minims. Out of the ordinary surgery bottle I obtained 83 drops to 60 minims, and from a large twelve-ounce bottle in the possession of a patient 93 drops became the equivalent; and, although these differences are considerable enough in themselves, the bottles in ordinary use differ but little from one another, and it will therefore be seen that the quality of the fluid is the main factor in regulating the relative size of the drops.

But drops, after all, are comparatively seldom used, and the universal engine for the division of doses is the tablespoon, which homely implement is always at hand, and is held to represent a certain fixed quantity. In a series of seven, selected at random, and apparently differing very widely in shape and size, I discovered the following remarkable variations: No. 1 contained six drachms; No. 2, six drachms; No. 3, eight drachms; No. 4, eight drachms; No. 5, eight drachms; No. 6, five and a half drachms; No. 7, five drachms.

It was found that a difference of from one to two drachms is

made by the spoon being only moderately or completely filled ; and of any oily fluid at least an additional drachm can be readily added. The result, therefore, that even the smallest tablespoon does not hold less than five drachms, and that the largest contains at least an ounce, must completely alter our notions of prescribing ; for we can surely no longer pin our faith to the regulation quantity of half an ounce, which this domestic measure is usually believed to contain. The dessert spoon was found to be equal to from four to six drachms ; whilst four specimens of tea spoons were found to contain respectively eighty minims, ninety minims, and two drachms. The wine-glass must complete the series ; and, in four experiments, No. 1 was found to hold three ounces and two drachms ; No. 2, two ounces and six drachms ; No. 3, three ounces ; No. 4, two ounces and a half ; and No. 5, two ounces and two drachms—thus exceeding pretty considerably in every case the regulation quantity of two ounces. So much then for the safety and accuracy of the modes of measurement most commonly employed.

It would clearly be difficult, if not impossible, to expect any reform in this direction to come from the overcrowded hospital out-patient rooms ; but it is not too much to insist that, in the wards and in private practice, graduated measures should invariably be used as a matter of routine. We shall thus secure, not only greater safety in dealing with poisonous drugs, but greater scientific accuracy in any therapeutical observations we may wish to make upon our patients. But table spoons which hold an ounce, and wine-glasses which hold more than three ounces, can hardly be said to fulfill either of these necessary requirements."

In the *British Med. Jour.*, Dr. Wm. Frazer, of Dublin, says: "I invariably order, with all important medicines, an empty phial to be sent to contain the exact dose required. As a rule, a half-ounce phial is most convenient, for it indicates the medical table spoon ; a two-drachm phial answers for the dessert spoon ; and the ounce phial, of course, speaks for itself. I have found no cause for complaint about doses since adopting this simple plan, one of the principal recommendations of it, next to its accuracy, being its extreme cheapness."

PHYSICAL EXERCISE FOR THE SICK.

Dr. Putnam, in a paper read before the Massachusetts Medical Society on this subject, spoke in high terms of the intelligent efforts of Dr. Sing, of Stockholm, and referred to a number of ingenious pieces of machinery that were exhibited in the Machinery Hall of the Centennial Exhibition. He considers that judicious physical exercise may legitimately aim at securing the following results :

First. The diversion of the mind to the end of securing the influence of the will in promoting the proper performance of the processes necessary to health and of turning aside the thoughts from directions in which they may be running to the detriment of the health.

Second. The establishment of more control of the will over the muscles.

Third. The stimulation of the nervous centres which control the vegetative processes of the body, and perhaps the nutrition of the tissues themselves in some degree.

Fourth. The furtherance of the circulation of lymph and of the blood by alternate dilation and compression of the canals in which they are conveyed; and by acting through the nervous system upon the heart.

Fifth. Probably the removal of certain distressing conditions due to local congestions, especially in some cases of heart disease with congestion of the lungs by increasing the activity of the circulation elsewhere, particularly through the muscles. It is claimed that patients suffering from dyspnoea, attendant upon heart disease, often obtain great relief from some of the passive exercises. The pulse is said to become fuller and stronger after the applications.

Sixth. Possibly the stimulation of the nutrition of various tissues by direct mechanical excitation.—*Boston Med. and Surg. Journal.*

THE PROPHYLACTIC TREATMENT OF ECLAMPSIA.

In the *Bulletin Général de Thérapeutique* for September 15, 1876, Dr. Cersoy, of Langres, urges the great value of bromide of potassium, both in cases where there are symptoms which give rise to a fear of eclampsia, and in those in which convulsions have already occurred before the full term of pregnancy, but a hope remains that, under suitable treatment, the convulsions may be checked, and the patient enabled to go to full time. He relates two cases illustrating this treatment. The first was that of a primipara, aged seventeen. At the seventh month of pregnancy violent convulsions set in without premonitory symptoms, and were repeated at intervals of not more than half an hour. The face was slightly œdematous, and the urine contained a large quantity of albumen. An attempt was made to apply leeches to the temples, but the patient could not be restrained, and tore them off as fast as applied. Chloral was then given in large doses, partly by mouth and partly by rectum, combined with hypodermic injections of morphia. The attacks became more feeble, but did not cease until the enormous dose of ten grammes of hydrate of chloral had been given in the course of about six hours. The patient was then treated with bromide of potassium in doses of from five to six grammes in the twenty-four hours. No further nervous symptoms occurred, but the proportion of albumen in the urine did not diminish. About a month later she was delivered naturally of a stillborn child, which appeared to have been dead for a considerable time, probably since the period at which the convulsions occurred.

The second case was that of a primipara at the eighth month of pregnancy, to whom Dr. Cersoy was called in on account of œdema of the face and extremities, accompanied by vertigo, flashings in the eyes, and singings in the ears—that is to say, some of the premonitory symptoms of eclampsia. The urine was found to be highly albuminous. The treatment adopted was the administration of bromide of potassium in doses of five grammes in the twenty-four hours. A milk diet was also prescribed, but was not followed out absolutely. Under this treat-

ment all the nervous symptoms quickly disappeared, but the amount of albumen in the urine rather increased than diminished, and shortly before delivery the proportion, after settling, was the enormous one of one-half. The œdema also continued to increase, but nevertheless the labour was perfectly normal, and a healthy child was delivered.

The author considers that eclampsia is a neurosis due to reflex irritability, which is especially likely to occur under the influence of albuminuria, because then the blood is impoverished, and the nerve centres ill-nourished. He therefore considers it more important to treat the reflex sensibility than the albuminuria itself, expecting that the latter will subside after pregnancy. He points out that in the case last related the use of milk diet, as suggested by Professor Tarnier, had no effect in ameliorating the albuminuria, it was scarcely put to a fair test, because not exclusively adhered to.—*V. V. Obstetrical Journal*.

GELSEMINUM IN FACIAL NEURALGIA.—Drs. Sawyer and Mackey highly recommend the employment of gelseminum for the purpose of relieving pain, especially in branches of the fifth nerve. The preparation used is a tincture made from two ounces of the coarsely-powdered root, macerated in a pint of rectified spirit; dose, five to twenty drops. The evidences of the physiological action of the drug are loss of sight, double vision, headache, and paralysis.—*British Medical Journal*.



EDITORIAL.

SULPHATE OF CINCHONIDIA AS A SUBSTITUTE FOR SULPHATE OF QUININE.

The attention of the profession has recently been called to the use of Sulphate of Cinchonidia, as a substitute for sulphate of quinine in the treatment of malarial fevers and other affections in which this drug is so valuable. After careful trial the following results have been obtained, and are supported by the testimony of systematic observers :

1. That Sulphate of Cinchonidia is a specific in tertian, quotidian and quartan intermittent fevers; and when given in proper doses secures as good results as are obtained from the administration of quinine.

2. That in remittent fever it is capable of the same good results as in the intermittent type.

3. That as an antipyretic it answers well where the temperature ranges under 103° F.; and that when given in the afternoon rise of temperature so frequently observed in phthisis it is prompt and effective.

4. That its administration is free from the many unpleasant results which follow the liberal use of quinine, producing cinchonism with less disturbance of the nervous system, and with less disorder of the stomach.

5. That it is often accepted by patients unable to use quinine.

6. That to secure its good results it must be administered in larger doses than quinine and increased in amount until the desired effects are obtained. The proportionate dose is represented as ten grains of quinine to fifteen grains of Cinchonidia.

7. That as a tonic it is possessed of the same properties as quinine.

In view of the present high price attending the manufacture and importation of quinine and the comparatively small cost of the manufacture of Cinchonidia the latter becomes an economic and valuable remedy in every physician's practice and a blessing to many impoverished sections of country in which malaria is so prevalent.

The cost of the two drugs is represented as follows :

Sulphate of Quinine per ounce \$4.50.

Sulphate of Cinchonidia " 85 cts.

DISCOVERY OF ANÆSTHESIA.

In an interesting article in the *Virginia Medical Monthly* for May, Dr. J. Marion Sims gives good reasons for acknowledging Dr. Crawford W. Long, of Athens, Ga., as the discoverer of anæsthesia for surgical purposes, claiming for him priority over both Wells and Morton. Dr. Sims closes the article with a summary of facts, a few of which we extract :

1st. That since the year 1800, we have been aware that Nitrous Oxide Gas would produce a peculiar intoxication and even allay headache and other minor pains.

2nd. That Sir Humphry Davy at this early period proposed it as an anæsthetic in surgical operations.

3rd. That for more than 50 years the inhalation of sulphuric ether as an excitant and for exhilarating properties has been practiced.

4th. That Mr. Wilhite, now Dr. Wilhite, of Anderson Court House, South Carolina, was the first to produce profound anæsthesia, which was done accidentally in 1839.

5th. That Dr. C. W. Long of Athens, Ga., preceptor of Dr. Wilhite, was the first who intentionally produced anæsthesia for surgical operations, with sulphuric ether in 1842.

6th. That Wells demonstrated the anæsthetic effects of nitrous oxide gas in 1844.

7th. That Morton induced the Boston surgeons to use sulphuric ether, at the suggestion of Jackson, in 1846, after which time the practice became popular.

While Wells and Morton died insane, and Jackson is an inmate of a lunatic asylum, Dr. Long who preceded these discoveries of the anæsthetic effects of sulphuric ether in surgical operations by 4 years, is still pursuing his professional labors in the small town of Athens, in Georgia. Dr. Sims suggests that the medical profession throughout the United States memorialize Congress on the propriety of donating a pecuniary award as an anæsthetic fund to the families of these four discoverers of anæsthesia. Long, Wells, Morton, and Jackson, are all citizens of the United States.

THE BALTIMORE ACADEMY OF MEDICINE has recently been organized in this city, with Prof. Richard McSherry, President ; Dr. Jas. Carey Thomas, Vice-President ; Dr. G. Lane Taneyhill, Secretary ;

Dr. W. C. Van Bibber, Treasurer ; and Dr. P. C. Williams, Prof. J. J. Chisolm, and Prof. A. B. Arnold, Executive Committee.

A clause in the constitution requires that the applicant for membership shall have practiced medicine ten years from date of graduation.

This academy already numbers among its member many distinguished and influential physicians and surgeons, and its meetings will doubtless be attended with much interest and profit. A full notice of the first meeting of the academy will be found in this number of the *Maryland Medical Journal*, and our readers may look for full proceedings of this and other medical societies in each subsequent issue.

THE AMERICAN GYNÆCOLOGICAL ASSOCIATION, convened in Boston May 30, 31st, and June 1st.

Dr. Fordyce Barker, president, delivered an address on The Therapeutics of Gynæcology.

Papers were read by Dr. Byrne, of Brooklyn, N. Y., on The Galvano-Cautery in Amputation of the Cervix ; by Dr. Battee, of Georgia, on Normal Ovariectomy ; by Dr. Gooddell, of Philadelphia, on Vaginal Ovariectomy ; by Dr. H. P. C. Wilson, of Baltimore, on Sub-Sulphate of Iron in the Surgery of the Pelvis ; and by Dr. Van de Walker, of Syracuse, N. Y., on Flexions of the Uterus.

ENLARGEMENT.—Encouraged by the flattering reception accorded the first number of the *Maryland Medical Journal*, by the profession we have decided to add to its size, and thus increase its value and interest. We present this number enlarged and otherwise improved, and bespeak for it a continuance of the patronage and good wishes so generously given to the first. It is our aim to make it a peer among the best of medical periodicals, and with judicious management and the friendly aid of our brethren it can and *shall* be done.

AMERICAN DERMATOLOGICAL ASSOCIATION.—The first annual meeting of the American Dermatological Association, will be held at Niagara Falls on the fourth day of next September.

A circular issued by the officers of the Association says : "The titles of all papers to be read at any annual session shall be forwarded to the Secretary, not later than one month before the first day of the session."

Prof. A. B. Arnold, late professor in the Washington University Medical College of this city, has accepted the chair of Diseases of the Nervous System and Clinical Medicine in the Baltimore College of Physicians and Surgeons.

BOOKS AND PAMPHLETS RECEIVED.

Annual Report of the Supervising Surgeon-General of the United States Marine Hospital Service, for the fiscal year 1875; John M. Woodworth, M. D., Washington, 1876.

Syphilis and Chancroid; Brief History; Differential Diagnosis; Prophylaxis and Treatment; by P. H. Bailhache, Surgeon United States Marine Hospital Service.

On Pneumatic Pressure, in the Genu-Pectoral Posture in the Reduction of Uterine Luxations, by A. Sibley Campbell, M. D. Augusta, Ga.

On Full Term Extra-Uterine Gestation of the Tubo Ovarian Form, by A. Sibley Campbell, Augusta, Ga.

A Case of Fibroid Tumor of the Uterus causing Eclampsia, with Remarks on Uterine Fibroids in General, and on the Causes of Puerperal and Non-Puerperal Eclampsia; by B. B. Browne, M. D., Baltimore.

Fifteenth Annual Report of the Board of Managers of the North-Eastern Dispensary, in the City of New York, for the year 1876.

BRIEFS.

TREATMENT OF SEBACEOUS TUMORS.—(*Med. and Surg. Reporter.*)—Dr. B. Hamilton, from the success which he has had in its use, recommends the employment of strong tincture of iodine in the treatment of these tumors. No bad effects follow the injection, and no scar remains in the former site of the growth. The following points are of importance:

1. Make the puncture with a sharp pointed bistoury. The aperture should be no larger than is necessary to allow the escape of the contents of the tumor, and the admission of the nozzle of the syringe.
2. Empty the cyst of its entire contents.
3. Distend the sac as much as possible, moving the point of the

syringe in different directions, so as to bring the fluid in contact with every portion of the cyst wall.

4. See that no sebaceous matter remains, indicating that a portion, at least, of the cyst, retains its vitality.

THE ANTIZYMOTIC TREATMENT OF DIPHTHERIA.—Dr. Pavesi describes, in the *Annali di Chimica Applic. alla Medicina*, 1876 (abstract in *Annali Universali di Medicina*, August), a formula which he recommends in the treatment of diphtheria. It is founded on the antizymotic properties of chloral, salicylic acid, and the sulphites. It is as follows: \mathfrak{R} Chloral hydrate, salicylic acid, glycerine, sulphite of soda, each $1\frac{1}{2}$ parts; distilled water, $3\frac{1}{2}$ parts; spirits of wine, 1 part. The whole is put into a strong glass vessel, which is closed, and exposed to a heat of 100° to 120° Fahr. for a few minutes, until the sulphite, salicylic acid, and chloral are completely evolved. A homogeneous solution is produced, which is filtered through bibulous paper, and preserved in a well-closed vessel. It is an oily, limpid, colorless liquid, having the odor of its constituent parts. It is insoluble in water. On the application of proper tests, the chloral, salicylic acid, sulphite of soda, and glycerine are found to be unchanged. Used both internally and externally, it is an energetic antiseptic, anti-fermentative, disinfectant hæmostatic, and preservative, as well as a destroyer of parasitic organisms. Dr. Pavesi says that it may be used as an antiseptic, and also as a sedative, in a large number of diseases.—*London Med. Record*.

TREATMENT OF RINGWORM BY PERCHLORIDE OF IRON.—Some months ago, a paper by Mr. Hopgood, of Sunderland, was published in the *Students' Journal*, in which he advocated the use of solution of perchloride of iron for ringworm. Since that time, I have tried this agent in several cases, and with very excellent results. I generally paint the affected parts with a solution made of equal parts of water and the liquor ferri perchloride fortior of the *Pharmacopœia* on three successive days, and then wait for a few days to observe the result. This is generally sufficient for a cure, but occasionally one or two further applications are necessary.—*George Brown, Brit. Med. Jour*



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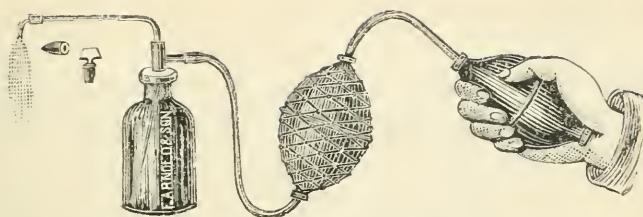
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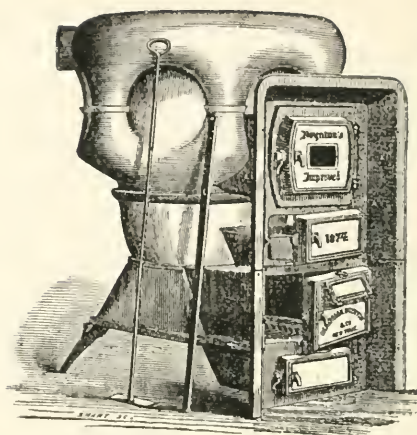
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QUINIA	“ “ “	993
CINCHONIDIA	“ “ “	990
CINCHONIA	“ “ “	977

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